Utah State Department of Health and University of Utah College of Pharmacy

UTAH MEDICAID

Drug Regimen Review Center

ANNUAL REPORT

JULY 2005 to JUNE 2006

The Utah Medicaid
Drug Regimen Review Center
421 Wakara Way, Suite 208
Salt Lake City, UT 84108
www.utahdrrc.org

The University of Utah College of Pharmacy began operating the Drug Regimen Review Center (DRRC) in May 2002 to fulfill the terms of a contract with Utah Medicaid. The contract supports the Utah Medicaid prescription drug program and its drug utilization review department. The emphasis of the program is to improve drug use in Medicaid patients, to reduce the number of prescriptions and drug cost in high utilizers of the Medicaid drug program, and to educate prescribers for top utilizers of the Utah Medicaid prescription drug program.

Each month, the top drug utilizers are reviewed by a team of clinically trained pharmacists. These reviews result in recommendations that are made to prescribers. These recommendations are described later in this report. Recommendations are transmitted in writing, are sent to all prescribers, and include a list of drugs dispensed during the month of review. The DRRC also provides information and consultation by telephone with prescribers and pharmacists.

Staff

The DRRC utilizes a staff of professionals to run the program including:

Pharmacists

Karen Gunning, Pharm.D.
Joanne LaFleur, Pharm.D.
CarrieAnn McBeth, Pharm.D.
Gary M. Oderda, Pharm.D., M.P.H.
Lynda Oderda, Pharm.D.
Marianne Paul, Pharm.D.
Carin Steinvoort, Pharm.D.

Data Management

Lisa Angelos
Brian Oberg
David Servatius
Yi Wen Yao

Mission

The mission of the DRRC is to review the drug therapy of Medicaid patients receiving more than seven prescriptions per month and to work with the individual prescribers to provide the safest and highest quality pharmacotherapy at the lowest cost possible.

Methodology

DRRC program methodology continues with no change from previous reports. We continue to build a cross-reference table of prescriber identification numbers, prescriber license numbers and DEA numbers that now contains 52,857 listings covering all known license addresses. We have also utilized this information to assist Utah Medicaid in preparing data and identifying prescribers as part of a contract with Comprehensive Neurosciences.

We continue to send letters to prescribers with recommendations for changes in drug therapy as appropriate. To date, we have mailed 27,335 of these letters to 6,762 different prescribers with recommendations concerning 7,291 Medicaid patients.

Overview

Utah Medicaid drug claim costs had increased substantially over the past several years. The total increase in these costs from January 2002 to January 2006, when the Medicare Part D prescription drug benefit went into effect, had been approximately 75.8%. In January 2006 these costs dropped sharply and have been fluctuating as patients moved from the Medicaid drug program into Part D Medicare program. More recently, the total number of claims increased from 278,193 to 326,228 per month (17%) during the period from July 2005 to January 2006, while drug costs increased from $18,296,125 to $20,655,766 per month (13%) during this same period.

Figures 1 and 2 show the total number of Medicaid pharmacy claims and the total cost of these claims for each month during the reporting period from July 2005 to June 2006, and Figure 3 shows the trend in total drug claim costs during the entire project period from January 2002 to June 2006.

Figure 1 – Total Medicaid Drug Claims by Month from July 2005 to June 2006

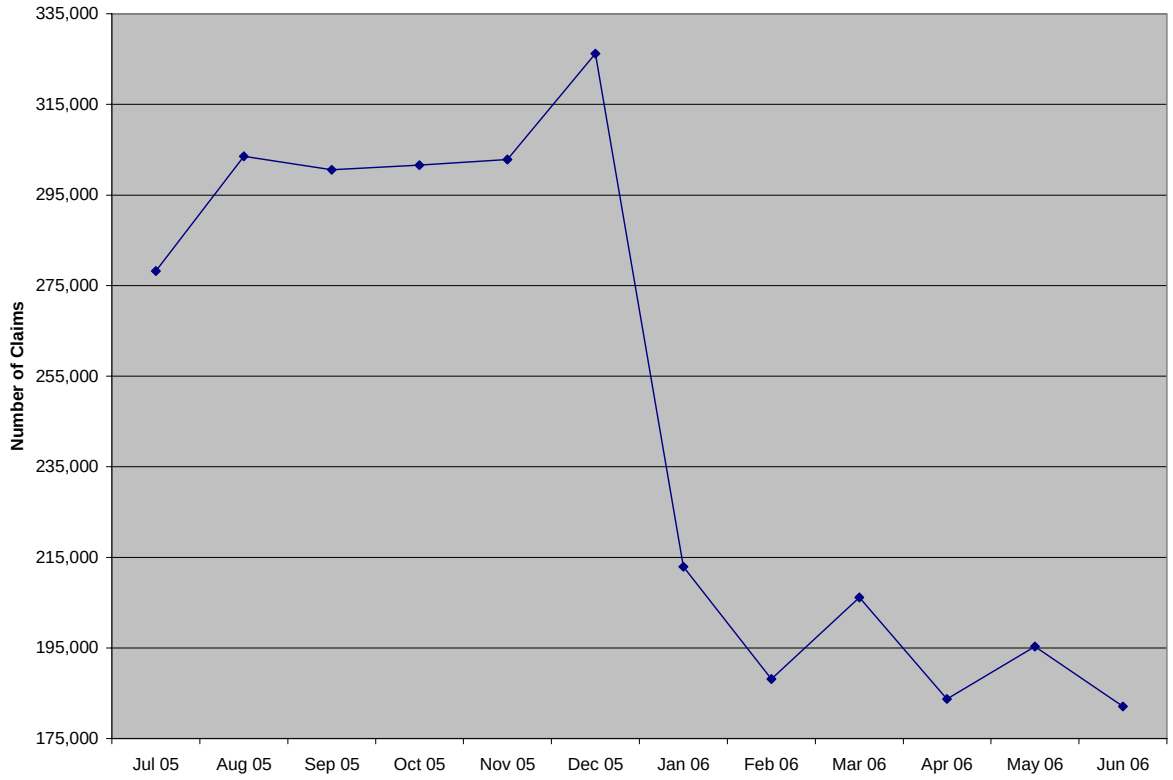


Figure 2 – Total Medicaid Drug Claim Costs by Month from July 2005 to June 2006

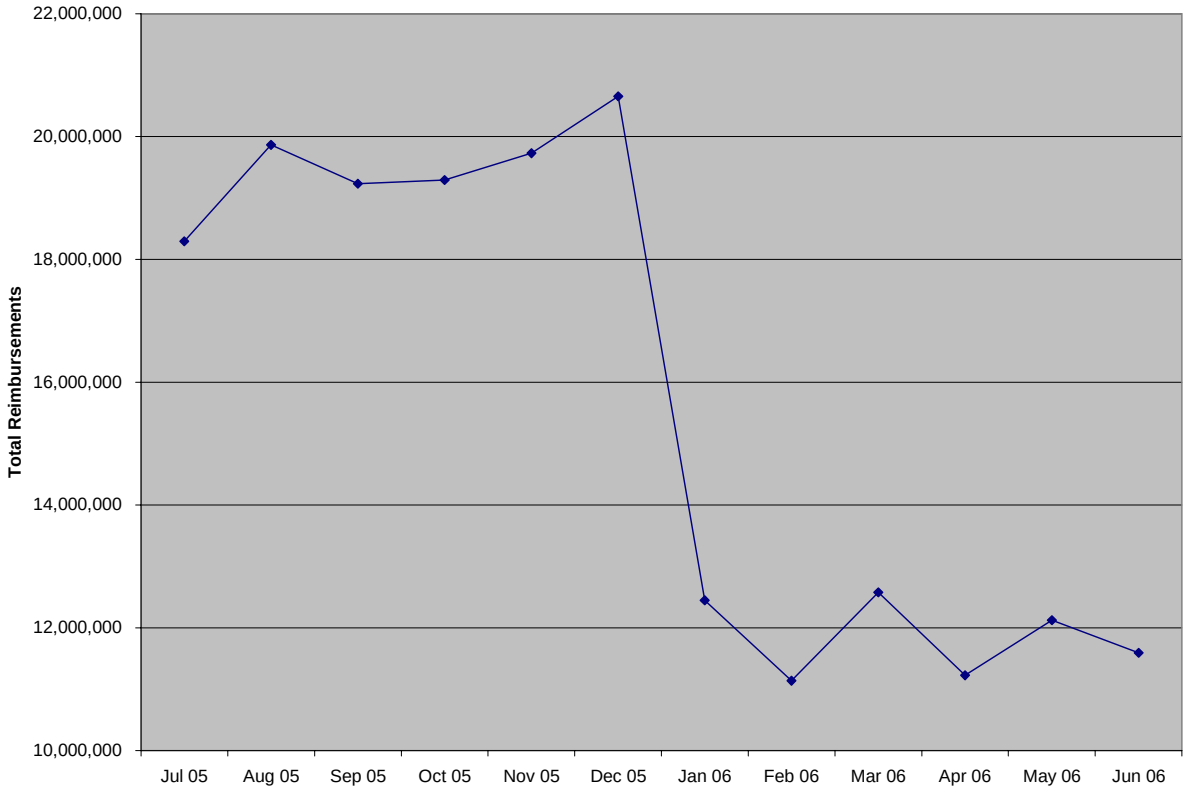
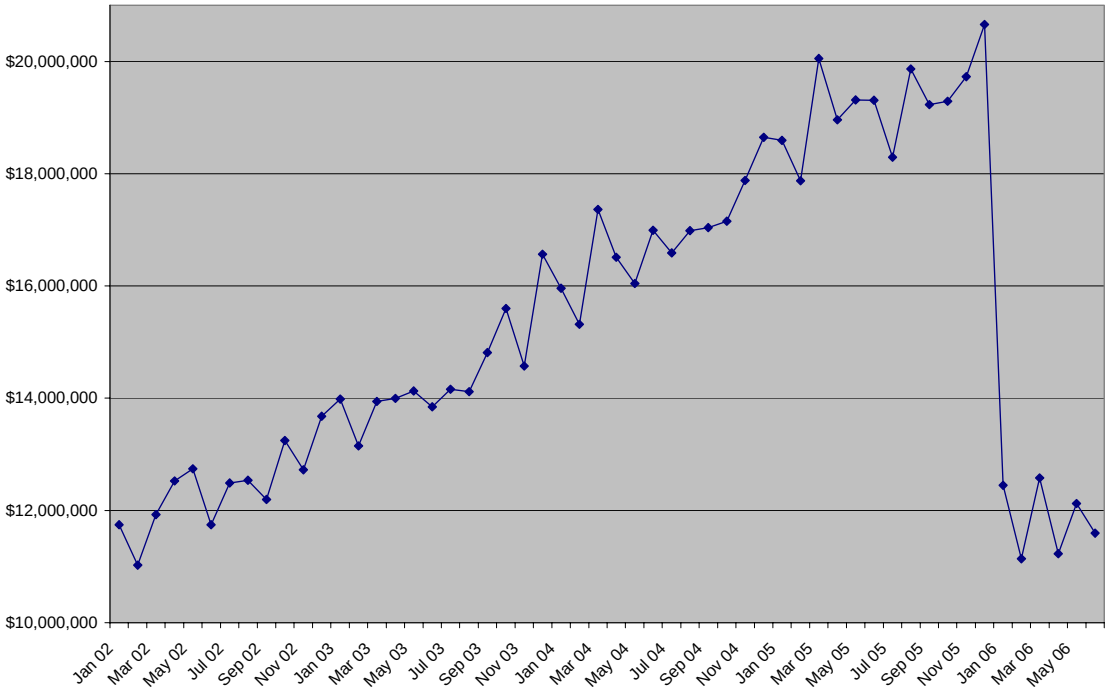


Figure 3 – Total Medicaid Drug Program Costs From January 2002 to June 2006

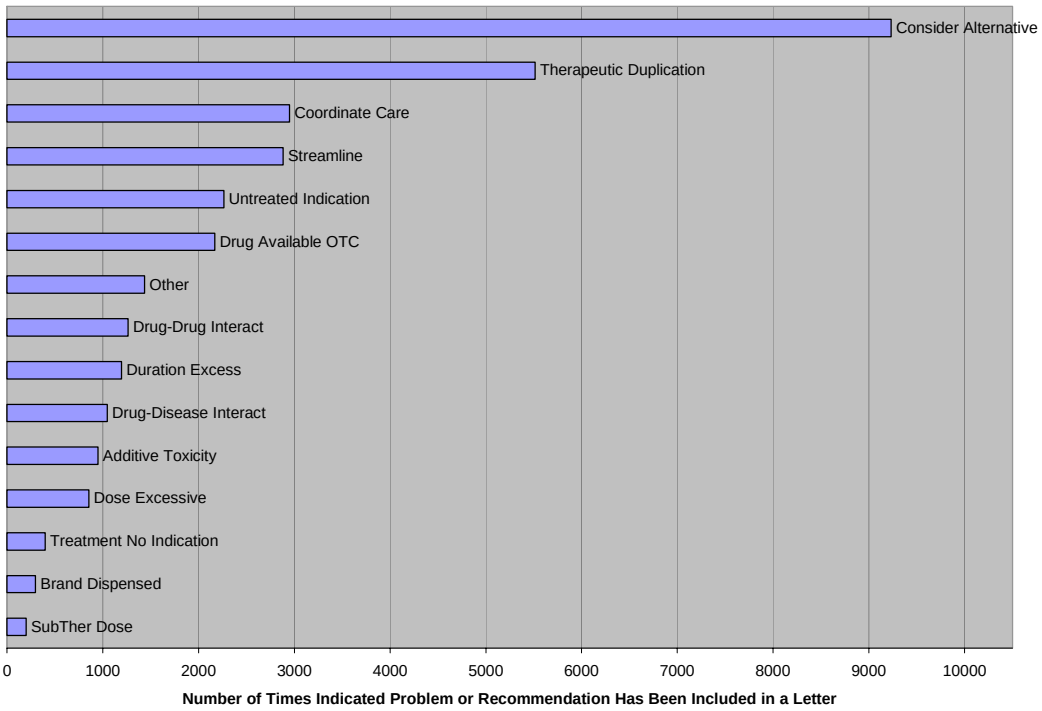


Additional figures for each fiscal year from 2001 to present are included in **Appendix A**. Increases for the previous three fiscal years were 20.1% (July 2003 to June 2004), 16.4% (July 2004 to June 2005) and 13.1% (July 2005 to January 2006 – when Medicare Part D went into effect).

Program Summary

Figure 4 summarizes the drug related problems identified in the letters that have been sent to prescribers.

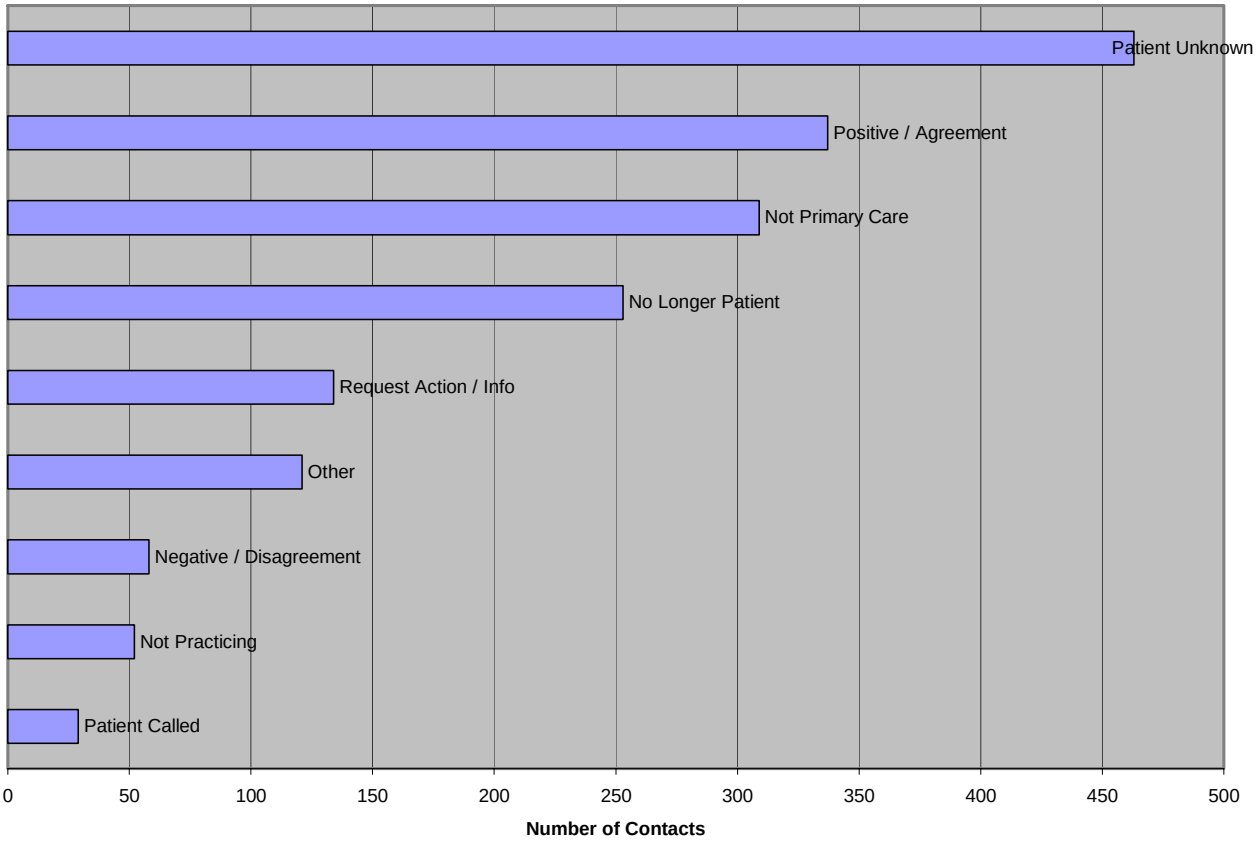
Figure 4 – Type of Drug Related Problems and Recommendations in Letters Sent to Prescribers



Recommendation categories outlined above are self-explanatory, although the top categories do deserve further description. The most common recommendation was for the prescriber to consider alternative therapy. This recommendation would have been made for a number of reasons, including considering a less costly alternative. Therapeutic duplication recommendations were made when the patient was taking multiple therapeutic agents for the same indication when there was generally no reason to include therapy with more than one agent. Coordinate care relates to situations where it appeared that multiple prescribers were ordering therapy for what appeared to be the same illness, and streamline refers to considering changes in therapy to eliminate some of the drugs dispensed. Untreated indication recommendations were made if there was an absence of a medication that appeared to be needed based on usual best practice or guidelines.

Figure 5 summarizes the responses of the 1,756 individuals who contacted the DRRC after receipt of a letter.

Figure 5 – Types of Prescriber Responses to Letters Received



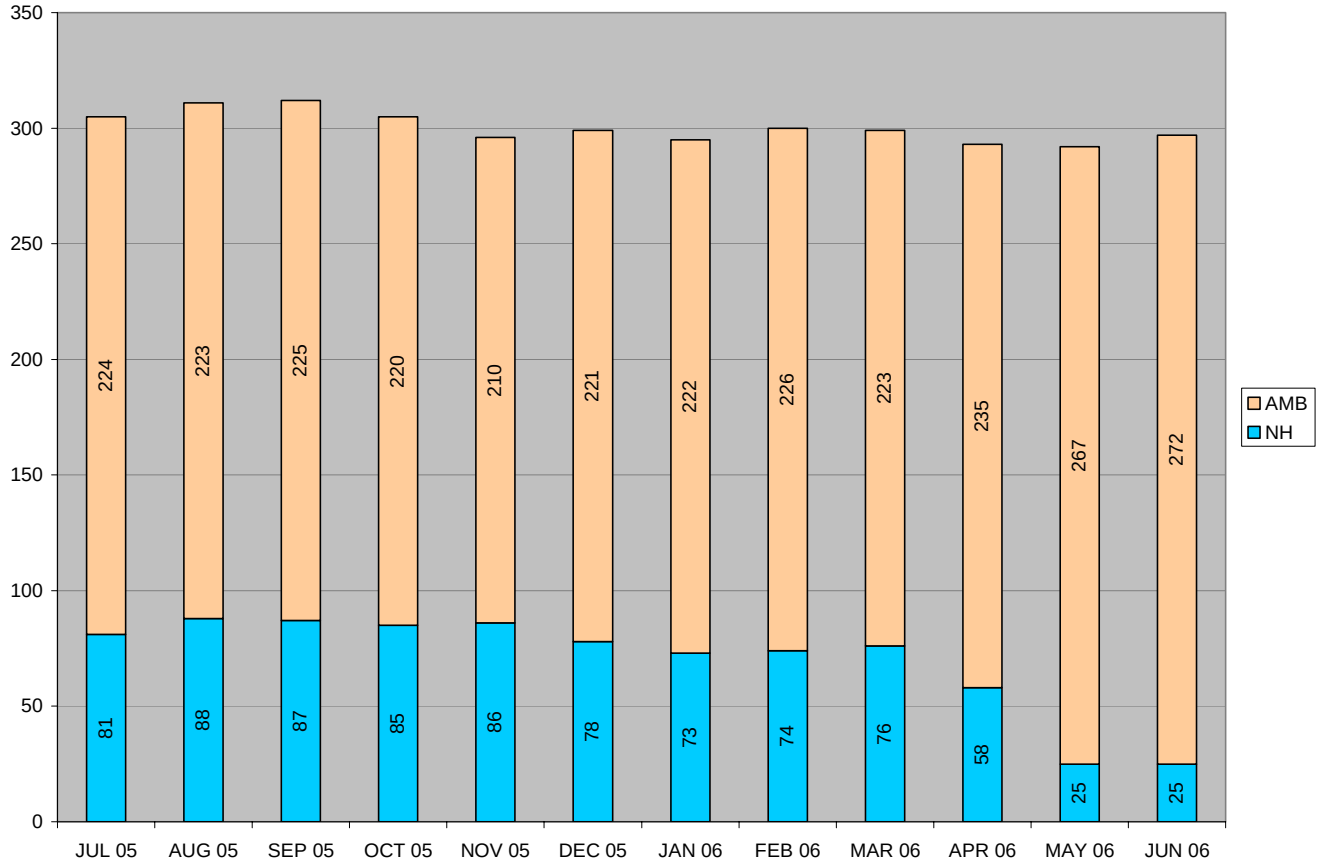
We have received a variety of comments from the prescribers, including both agreement with recommendations and some disagreement. We have also encountered some administrative problems such as pharmacy input error, incorrect addresses on file, and patients not being treated by the prescriber identified. As a result of verification procedures we have implemented, the incidence of these types of problems has gone down dramatically since the beginning of the program.

Demographics

The 3,604 patients reviewed from July 2005 to June 2006 were separated into cohorts based on the month they were reviewed.

Figure 6 summarizes the number of patients reviewed each month during this period, with the numbers of nursing home and ambulatory patients separated. The average was slightly over 300 per month. Approximately 10-30% of reviewed patients each month were nursing home patients.

Figure 6 – Summary of Nursing Home (NH) and Ambulatory (AMB) Patients Reviewed Each Month from July 2005 to June 2006



Demographics for these cohorts are displayed in Table 1 and include gender, average age, and the average number of prescriptions dispensed. Nursing home patients are not included in this table.

Table 1 – Cohort Demographics

	Patients							
	Females				Males			
MONTH	Percent	Mean Age	Mean # Rx	Mean Cost Per RX	Percent	Mean Age	Mean # Rx	Mean Cost Per RX
Jul 05	74.1	49.9	19.9	$69.77	25.9	51.0	20.2	$68.11
Aug 05	70.4	52.5	16.0	$57.21	29.6	53.1	15.8	$82.50
Sep 05	76.4	51.6	15.6	$61.16	23.6	49.4	15.5	$75.64
Oct 05	78.2	53.7	16.0	$62.07	21.8	50.6	16.1	$77.37
Nov 05	75.7	52.9	16.2	$63.43	24.3	51.4	16.0	$76.29
Dec 05	79.6	54.0	15.6	$63.15	20.4	53.1	15.8	$77.48
Jan 06	78.8	46.2	15.1	$65.17	21.2	46.8	15.2	$85.92
Feb 06	76.1	47.0	13.5	$68.24	23.9	43.0	13.4	$85.52
Mar 06	81.2	44.8	14.9	$62.55	18.8	46.7	14.8	$71.59
Apr 06	77.0	45.6	14.6	$66.83	23.0	45.0	13.9	$84.87
May 06	82.0	44.5	13.7	$68.59	18.0	46.2	13.1	$73.05
Jun 06	79.4	44.0	12.9	$65.23	20.6	44.2	13.2	$76.89

Reviewed ambulatory patients during the reporting period were predominantly females in their 40s and 50s who filled on average between thirteen and twenty prescriptions per month.

Program Trends

The following figures show the number of patients exceeding seven prescriptions per month and the average number, and range, of the number of prescriptions for the reviewed cohorts. Approximately 8,000 or more patients filled seven prescriptions per month prior to Medicare Part D going into effect, and about 3,000 per month exceeded this number each month after. The mean number of prescriptions that triggered review generally ranged from 15 to 20 while the maximum number of prescriptions for a reviewed patient exceeded 30.

Figure 7 – Total Number of Ambulatory Medicaid Patients Exceeding Seven Prescriptions per Month between July 2005 and June 2006

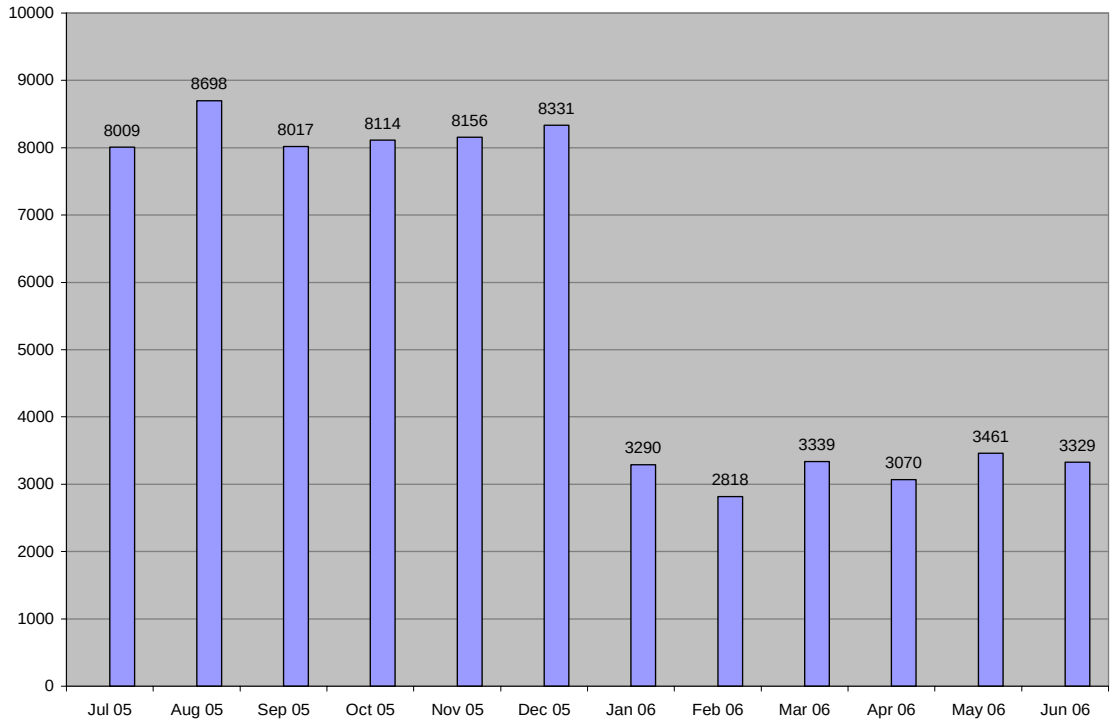
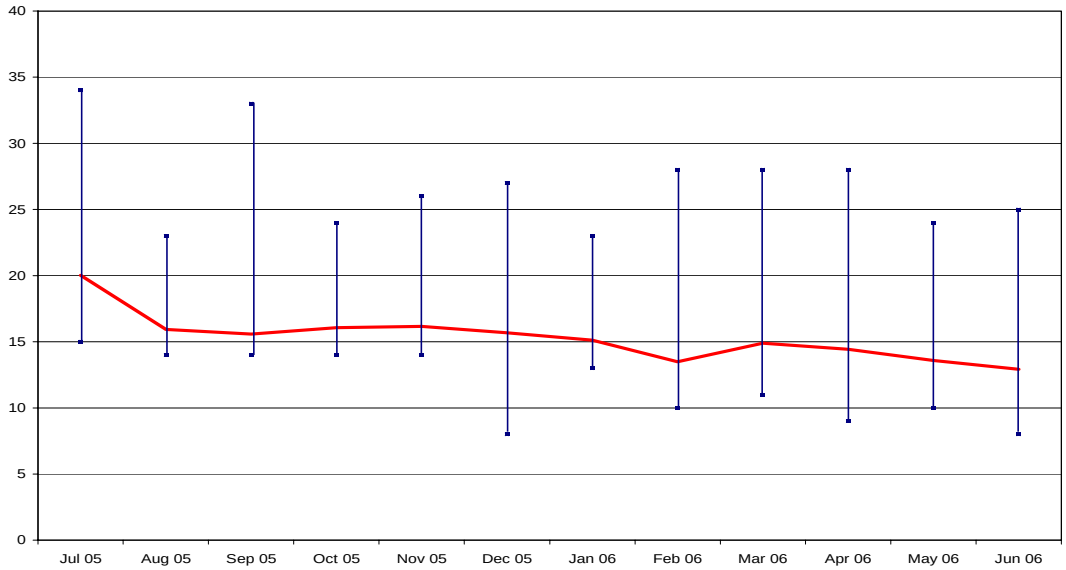


Figure 8 – Average Number of Prescriptions per Month per Reviewed Ambulatory Medicaid Patient, including Minimum and Maximum Number of Prescriptions per Review Group



Program Effectiveness

The DRRC's two major goals are to improve pharmacotherapy for Medicaid patients and to reduce health care costs by decreasing the number of prescriptions and prescription cost. As the review process has matured, we have increased the number of telephone calls to providers to discuss drug related problems. Because of that, we have more information on the impact of our reviews.

The following three patient presentations describe representative examples of the types of patients being reviewed, and the outcome of those reviews:

PATIENT 1

The medication regimen of a 39-year old male was reviewed for the month of January 2006. The review revealed that the patient had received 21 prescriptions during that month at a total cost of $2229.17. The review identified several issues, which were described to the patient's providers in a letter. The patient had filled prescriptions from five different providers in January; these included several duplications (such as cholesterol-lowering medications from two prescribers and psychiatric medications from two prescribers). We suggested that the providers involved in the patient's care coordinate with each other to determine the most appropriate regimen for the patient to continue. The patient had been receiving anti-anxiety medications from different prescribers and had filled prescriptions for four medications used to treat anxiety. This included two intermediate-acting benzodiazepines from different providers. We requested that the patient's anxiety medication regimen be reviewed and consolidated, in order to prevent medication errors or additive effects of duplicate medications. The patient had also been receiving a Mobic, a brand-name anti-inflammatory medication. Several alternative generic anti-inflammatory medications were identified as options. Making this one change would reduce the patient's monthly medication costs significantly. Three months after the initial review, a follow-up on this patient's regimen showed that he had filled 12 prescriptions at a total cost of $1016.89. The profile showed far less duplication among the patient's medication regimen.

PATIENT 2

A 56 year old patient was reviewed for May 2006. At that time she was receiving a total of 21 prescriptions at a monthly cost of $1,120. Her providers were sent letters noting that she had duplicative therapies with her inhalation medications and benzodiazepines. Not only were the benzodiazepines duplicative, but given the patient's diagnosis of sleep apnea, they could have increased her risk of respiratory arrest. The final recommendation was to substitute an equivalent, yet less expensive stomach acid suppressing agent. Upon review of her pharmacy list in September, the number of prescriptions had been reduced to 12 with a total monthly cost of $600.

PATIENT 3

A 55 year old female patient's drug regimen was reviewed for the month of March 2006. This patient received 22 medications during the month at a cost of $1903. Issues were identified and addressed in a letter to her prescribers. She had been receiving Plavix and warfarin, both agents which increase the risk of bleeding. We suggested that this combination be reevaluated. She also received digoxin together with diazepam from different providers. We advised the providers that this combination could cause increased digoxin serum levels, possibly leading to digoxin toxicity. We also noted that she had been receiving two medications used to treat allergic rhinitis, loratadine and Nasonex. We requested that the provider evaluate whether she continued to require treatment with both agents. Three months from the time the letters were sent she received 14 medications at a cost of $1472. Warfarin, digoxin, diazepam and loratadine were not on the prescription profile.

90-Day Followup of Top Ten Reviewed Utilizers Per Month

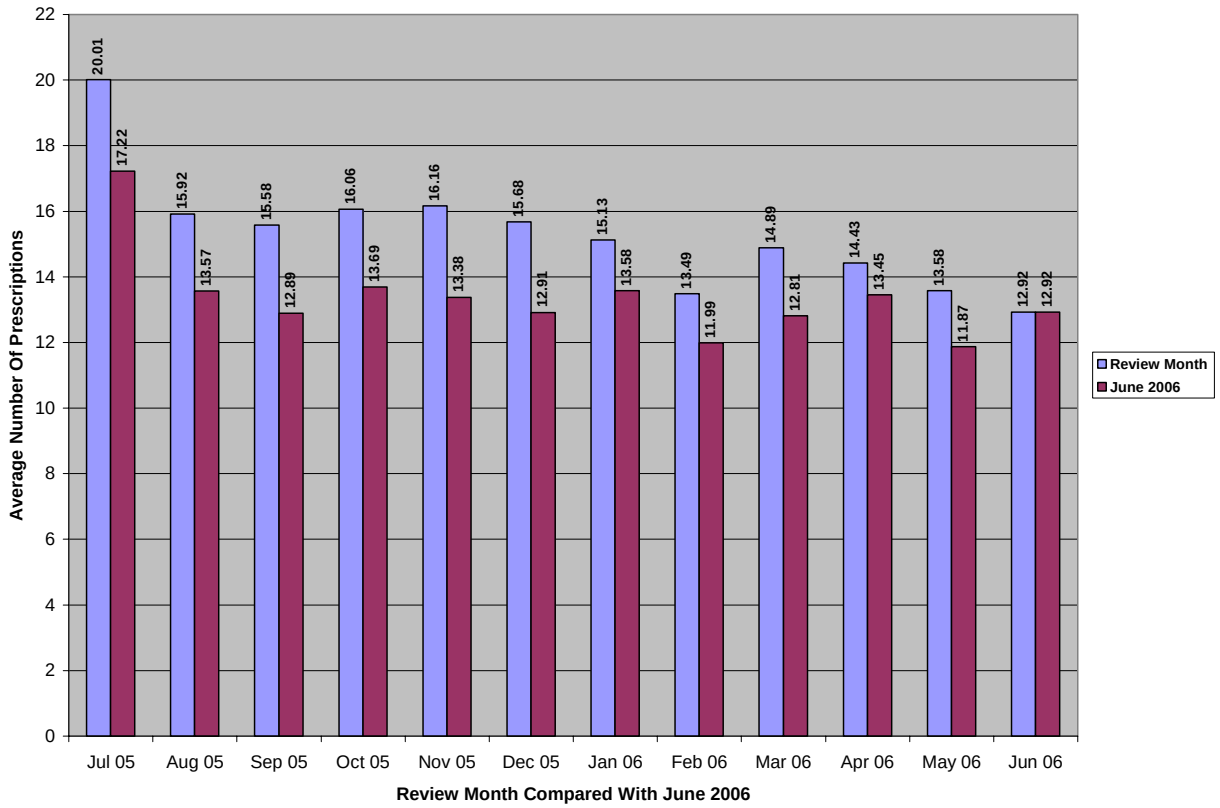
Beginning in January 2006, we have also tracked the top ten reviewed utilizers of the Medicaid prescription drug benefit for 90 days following the mailing of the recommendation letters to prescribers. We compared each patient's total drug fills, total costs and total drug related problems identified in the letters at the time of review and then again after 90 days. In all instances so far we have seen substantial to dramatic decreases in all three categories. **Appendix B** shows a more detailed analysis of the drug related problems we have tracked.

Table 2 – 90 Day Followup of Top Ten Reviewed Utilizers Per Month

	Drug Fills			Costs			Drug Related Problems			Demographics		
	Initial	Followup	**Change**	Initial	Followup	**Change**	Initial	Followup	**Change**	**M**	**F**	**Mean Age**
Jan-06	20.6	17.3	**-16.0%**	1506.04	1329.99	**-12.5%**	41	26	**-36.0%**	29%	71%	37.4
Feb-06	19.6	8.3	**-57.0%**	1095.09	453.24	**-58.0%**	34	11	**-68.0%**	29%	71%	51.4
Mar-06	23.1	19.1	**-17.0%**	1488.21	1282.35	**-14.0%**	57	30	**-47.0%**	14%	86%	50.1
TOTAL	**21.10**	**14.90**	**-29.4%**	**1363.11**	**1021.86**	**-25.0%**	**44.00**	**22.33**	**-49.3%**			

Figure 9 shows the average number of prescriptions per reviewed patient for each month from July 2005 to June 2006, compared to the average number of prescriptions per patient for the same cohort in June 2006. The average number of prescriptions per reviewed patient has decreased over the course of the year from 20.01 to 12.92 prescriptions per month. This change is probably related to implementation of Medicared Part D. The number of prescriptions dispensed has decreased for all review cohorts. No change was seen for June 2006 since this report only covers data through June 2006.

Figure 9 – Average Prescriptions for Reviewed Cohort in Review Month and Compared to June 2006



We have tracked drug cost reimbursements to review cohorts for the remainder of the reporting year following the month they were reviewed. We have only tracked costs for patients within each review cohort who remained eligible during the entire reporting period and accessed their drug benefit at least one time during each of the 12 months in the reporting period. Decreases in drug costs for these selected patients were substantial.

The review month was used as the baseline amount for comparison. Costs were compared for the baseline amount with the amount for June 2006. For example, costs in June 2006 and October 2005 were compared for patients reviewed during October 2005. Cost savings were calculated only for patients reviewed from July 2005 to June 2006. Additional cost savings for patients reviewed before July 2005 are not included, nor are additional savings that would be expected after June 2006 for patients included in this report. Overall cost savings were calculated in three ways using different assumptions for baseline costs. The most conservative assumption is that their drug costs would remain constant since the month of their review. This was used as a base case analysis. Given this assumption, a cost savings of $3,276,615 was realized. It is unlikely that these high-utilizing patients would have no increase in costs during a period of time when significant increases in costs were being seen across the program. Cost savings were also calculated assuming that baseline costs would increase at a 10% and a 15% annual rate without intervention. Overall cost savings are shown in Table 3.

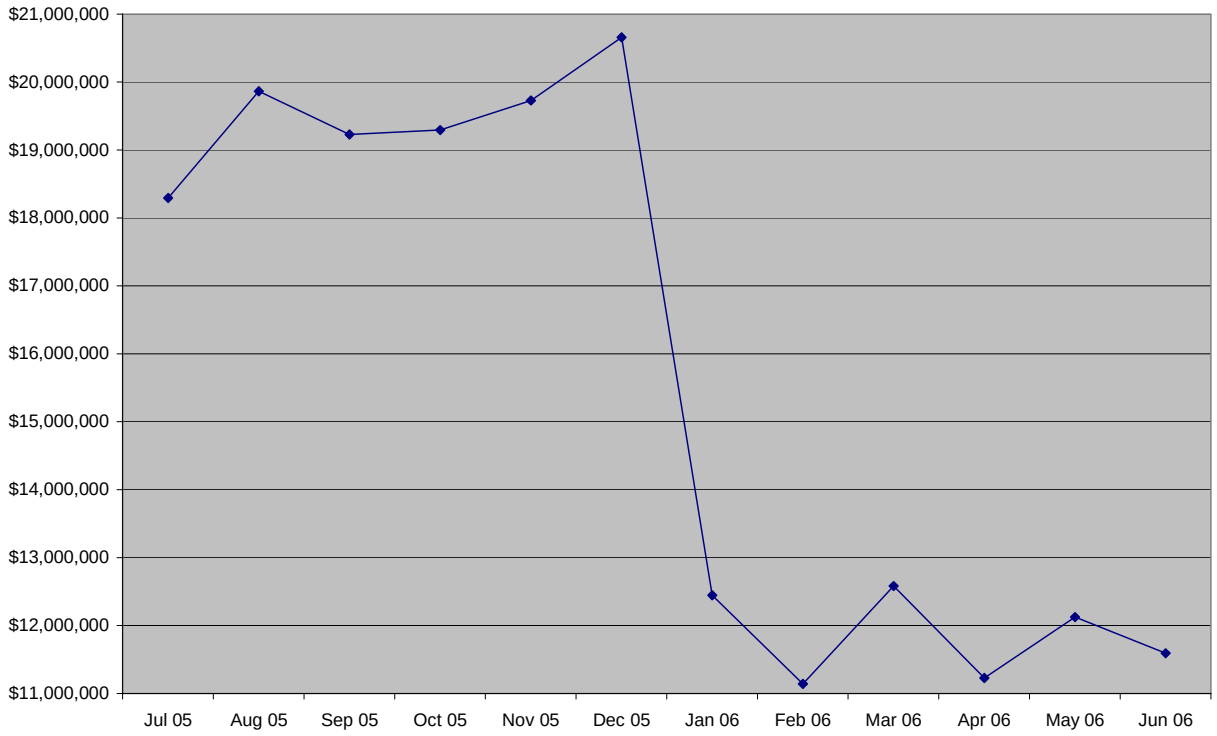
Table 3 – Cost Savings

	No Baseline Increase	10% Annual Increase	15% Annual Increase
Cost Savings	**$3,276,615**	**$4,421,823**	**$4,994,427**

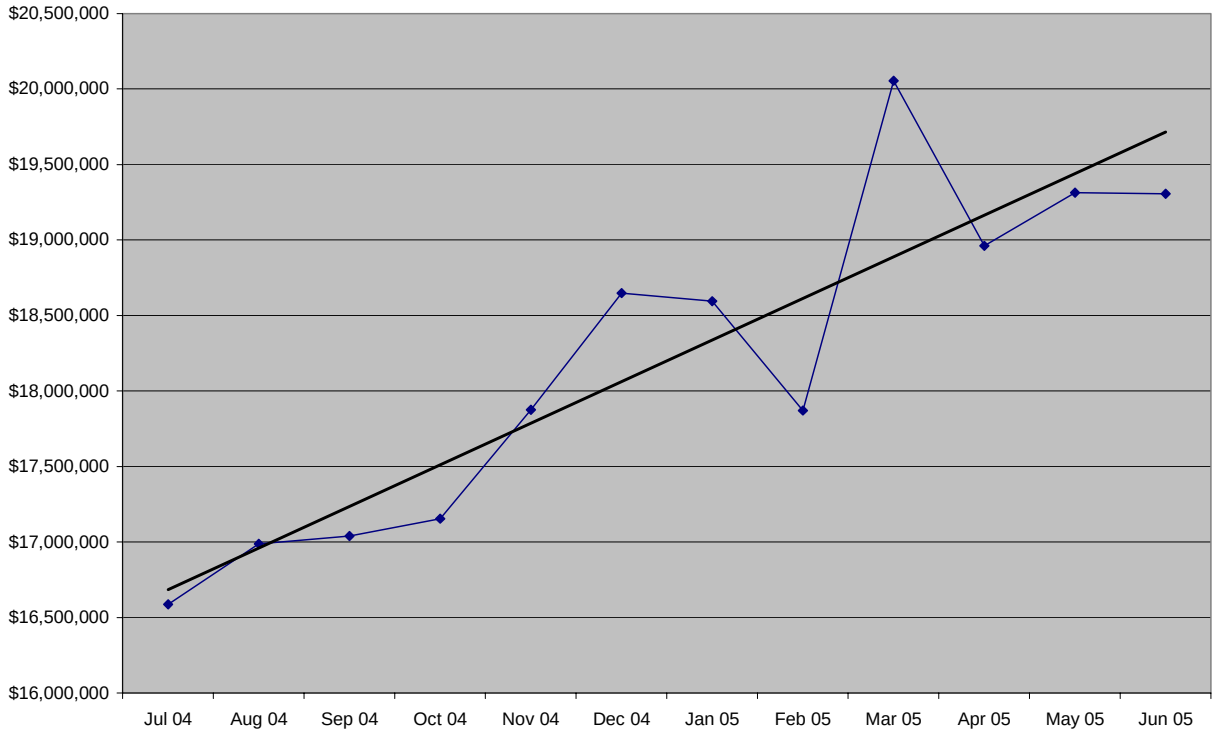
Supporting tables for the cost savings calculations are shown in **Appendix C**.

APPENDIX A

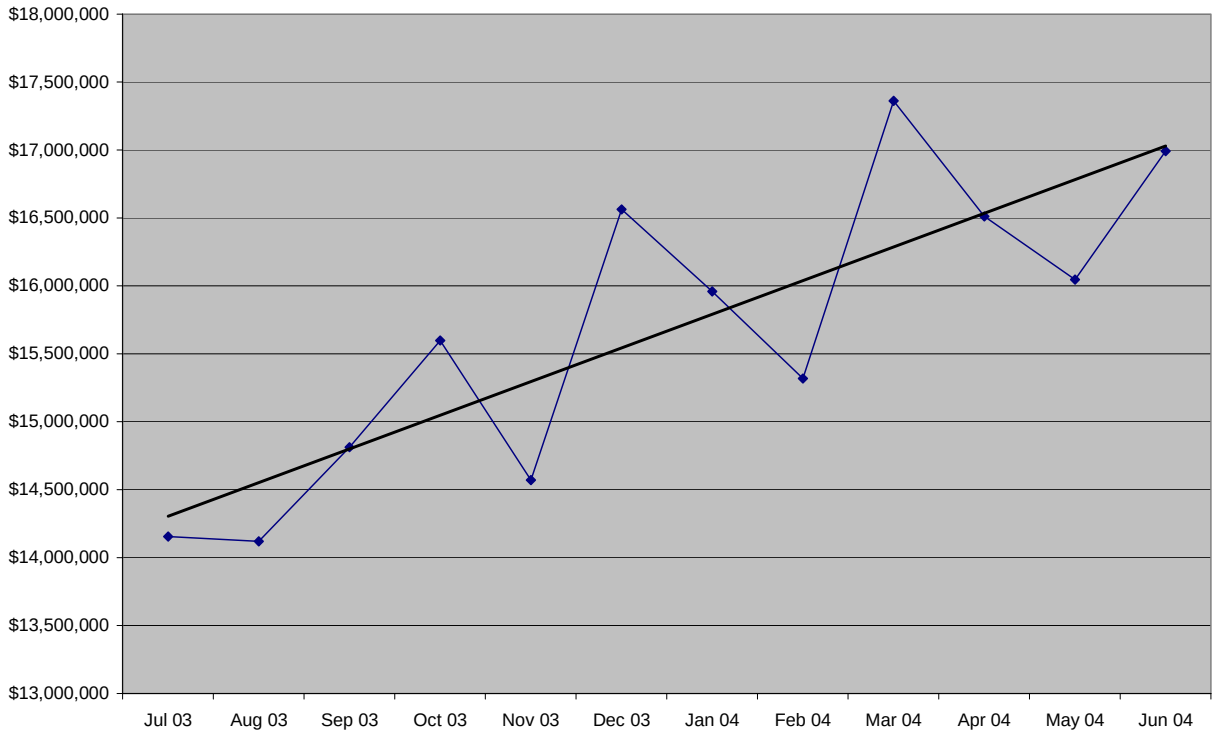
JULY 05 to JUNE 06



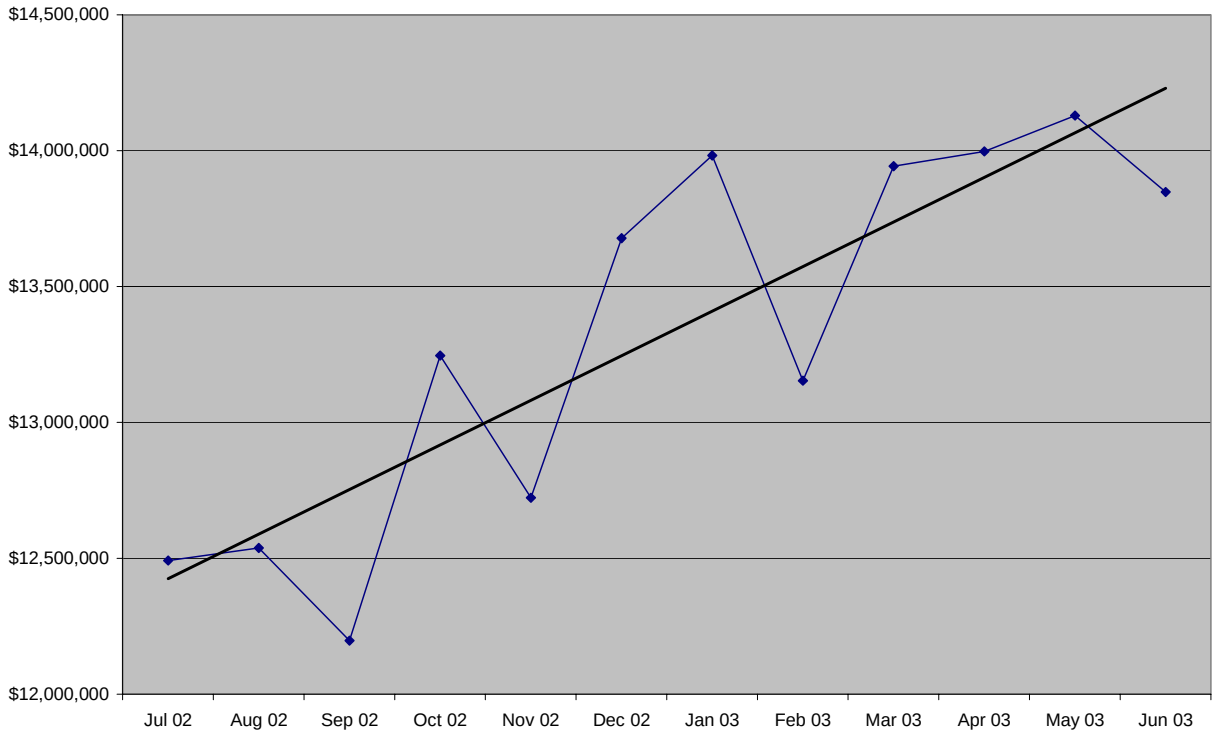
JULY 04 to JUNE 05



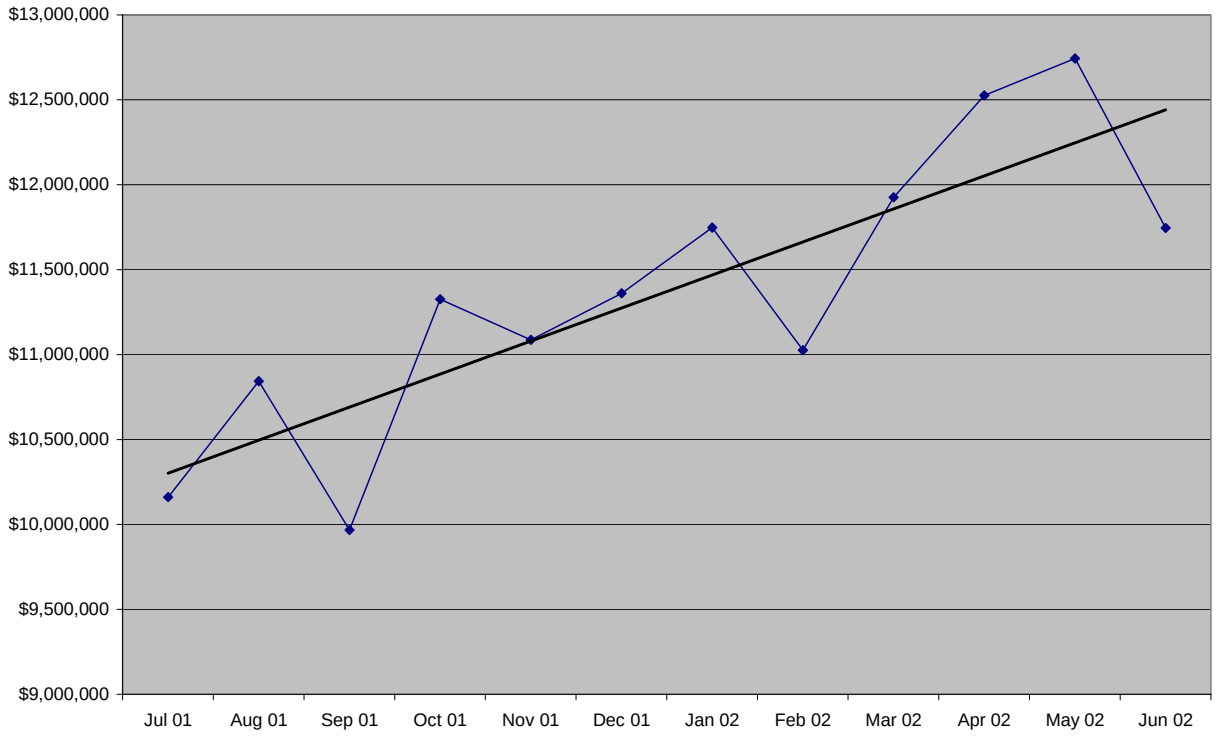
JULY 03 to JUNE 04



JULY 02 to JUNE 03



JULY 01 to JUNE 02



APPENDIX B

Utah Medicaid Drug Regimen Review Center (DRRC)

TOP 10 Patients - 90 Day Followup Report for January 2006

DRUG RELATED PROBLEM DETAIL

Patient 1

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Nexium	YES
Consider Therapeutic Alternative	depakote	YES
Consider Therapeutic Alternative	Oxytrol	YES
Consider Therapeutic Alternative	Ambien	YES
Drug Interaction	Lipitor/Nexium	YES
Streamline Therapy	mirtazapine	NO
Streamline Therapy	levothyroxine	YES
Therapeutic Duplication	muscle relaxants	NO
Treatment Without Indication	multiple RX	YES

Patient 2

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Nexium	YES
Consider Therapeutic Alternative	Skelaxin	YES
Excessive Duration of Therapy	promethazine	YES
Treatment Without Indication	asthma medications	YES
Untreated Indication	osteoporosis/no calcium	YES

Patient 3

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Mobic	YES
Coordinate Care	antihyperlipidemics	NO
Coordinate Care	psych	NO
Streamline Therapy	statin plus Zetia	YES
Therapeutic Duplication	benzodiazepines	NO
Therapeutic Duplication	anxiolytics	NO

Patient 4

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Prevacid	NO
Coordinate Care	hydrocodone	YES
Coordinate Care	oxycodone	NO
Drug Disease Interaction	buproprion/seizures	NO
Drug Interaction	tramadol/Paxil/cyclobenzaprine	NO
Streamline Therapy	Paxil	NO

Patient 5

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Nasonex	NO

Consider Therapeutic Alternative	Skelaxin	YES
Consider Therapeutic Alternative	Univasc	YES
Consider Therapeutic Alternative (Superior)	senna	NO
Drug Disease Interaction	pseudoephedrine/hypertension	NO
Therapeutic Duplication	gastric acid suppressants	YES

Patient 6

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Prevacid	YES
Therapeutic Duplication	anxiolytics	YES
Therapeutic Duplication	antidepressants	YES
Untreated Indication	history of myocardial infarction/no beta blocker	YES

Patient 7

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT FOLLOW-UP
Consider Therapeutic Alternative	Prevacid	NO
Consider Therapeutic Alternative	Seroquel	YES
Coordinate Care	all	YES
Streamline Therapy	albuterol/ipratropium	YES
Therapeutic Duplication	mast cell stabilizers	YES

Utah Medicaid Drug Regimen Review Center (DRRC)

TOP 10 Patients - 90 Day Followup Report for February 2006

DRUG RELATED PROBLEM DETAIL

Patient 1

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Consider Therapeutic Alternative (Equivalent)	Xopenex	NO
Consider Therapeutic Alternative (Equivalent)	omeprazole	NO
Coordinate Care	narcotic analgesics	NO
Drug-Disease Interaction	alprazolam/sleep apnea	YES

Patient 2

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Consider Therapeutic Alternative (Equivalent)	Detrol LA	YES
Coordinate Care	pain medications	NO
Coordinate Care	cardiovascular medications	NO
Streamline Therapy	metformin	YES
Untreated Indication	diabetes/no asa	YES

Patient 3

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Coordinate Care	antidepressants	NO
Drug-Drug Interaction	fluoxetine/amitriptyline	NO
Streamline Therapy	Seroquel	YES
Therapeutic Duplication	antineuropathic pain medications	NO
Untreated Indication	hyperlipidemia	YES
Untreated Indication	CHF	YES

Patient 4

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Coordinate Care	trazodone	NO
Coordinate Care	quick-relief bronchodilators	NO
Streamline Therapy	albuterol/ipratropium	NO
Therapeutic Duplication	albuterol-containing products	NO

Patient 5

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Consider Therapeutic Alternative (Equivalent)	Ambien	NO
Consider Therapeutic Alternative (Equivalent)	Prevacid	YES
Consider Therapeutic Alternative (Equivalent)	Univasc	NO
Therapeutic Duplication	Pepcid/Prevacid	YES
Untreated Indication	diabetes/no statin	NO
Untreated Indication	diabetes/no aspirin	YES

Patient 6

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Consider Therapeutic Alternative (Equivalent)	Zocor	NO
Consider Therapeutic Alternative (Equivalent)	Flonase	NO
Consider Therapeutic Alternative (Equivalent)	omeprazole	YES
Drug-Drug Interaction	Zocor/Tricor	NO
Streamline Therapy	Lexapro	NO
Treatment Without an Indication	Lyrica	NO

Patient 7

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
Additive Toxicity	QT prolonging medications	NO
Therapeutic Duplication	antipsychotics	NO

Utah Medicaid Drug Regimen Review Center (DRRC)

TOP 10 Patients - 90 Day Followup Report for March 2006

DRUG RELATED PROBLEM DETAIL

Patient 1

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
ConsiderAlt(Equiv)	Duragesic	YES
ConsiderAlt(Equiv)	Nexium	NO
CoordCare	short-acting opiates	NO
CoordCare	muscle relaxants	NO
DrugDrug	tramadol + fluoxetine	NO
ExcessDur	cyclobenzaprine	YES
ExcessDur	guaifenesin-pseudoephedrine	YES
DupTher	alprazolam + clonazepam	YES
UntreatedIndication	unopposed estrogen	NO
UntreatedIndication	opioids, no stimulant laxative	YES
Other	fluoxetine 40mg capsule strength	NO

Patient 2

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
ConsiderAlt(Equiv)	Prevacid	YES
ConsiderAlt(Equiv)	Zocor	YES
ConsiderAlt(Equiv)	Mavik	YES
Streamline	gabapentin	YES
DupTher	albut+maxair	YES
DupTher	prednisone+advair	YES

Patient 3

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
ConsiderAlt(Equiv)	Diabetes meds (metformin, insulin)	NO
DrugDz	edema + Actos	YES
DrugDz	obesity + cyproheptadine	YES
DupTher	Starlix + glimepiride (2 secretagogues)	YES
UntreatedIndication	diabetes, no statin	YES
Other	excess diabetes test strips	YES

Patient 4

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
ConsiderAlt(Equiv)	lexapro	NO
DrugDrug	tramadol + multiple meds	NO
DupTher	furosemide + hydrochlorothiazide	YES
DupTher	multiple anti-psychotics	YES
UntreatedIndication	asthma / no albuterol	YES

Patient 5

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
AddTox	warfarin/plavix	NO
DrugDrug	digoxin/diazepam	NO
DupTher	warfarin / plavix	NO

DupTher	allergy	NO
DupTher	omeprazole [NA]	YES
UntreatedIndication	diabetes/no statin	YES
UntreatedIndication	CHF, no ACE or BB	YES

Patient 6

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
ConsiderAlt(Equiv)	Ambien	NO
ConsiderAlt(Equiv)	Zocor	YES
CoordCare	benzodiazepines	NO
CoordCare	warfarin	NO
CoordCare	hypnotics	NO
CoordCare	calcium-channel blockers	NO
DrugDrug	tramadol+paroxetine	NO
DrugDrug	paroxetine+trazodone	YES
DrugDrug	Effexor+tramadol	NO
DrugDrug	Zocor+verapamil	NO
Streamline	Coreg	NO
Streamline	lisinopril	NO
Streamline	paroxetine	NO
Streamline	Effexor	NO
DupTher	ACE-inhibitors	YES
DupTher	calcium channel blockers	NO
DupTher	benzodiazepines	NO
DupTher	betablockers	YES

Patient 7

DRUG RELATED PROBLEM	DESCRIPTION	PRESENT AT F-UP
AddTox	citalopram/tramadol	YES
ConsiderAlt(Equiv)	Prevacid	YES
DupTher	pain medications	YES
DupTher	gastric-acid suppressants	YES

APPENDIX C

TOTAL FOR ALL REVIEWED PATIENTS ELIGIBLE AND UTILIZING RX BENEFITS ENTIRE REPORTING PERIOD - NO INCREASE IN COSTS ASSUMED

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**243,706**	244,395	217,653	204,470	219,039	226,326	153,572	130,789	131,688	125,725	131,515	130,922	2,159,800	2,924,472	764,672
Aug 05		**147,241**	129,686	125,350	125,854	136,084	75,152	59,476	78,080	66,592	75,169	64,740	1,083,424	1,619,651	536,227
Sep 05			**117,271**	103,861	106,394	110,614	66,362	62,724	65,510	58,401	61,880	56,574	809,591	1,172,710	363,119
Oct 05				**142,262**	124,860	129,406	76,751	71,670	76,200	65,883	75,565	68,044	830,641	1,280,358	449,717
Nov 05					**145,509**	124,483	68,080	61,174	58,805	59,486	56,136	52,512	626,185	1,164,072	537,887
Dec 05						**112,002**	63,126	64,399	66,015	60,458	71,119	64,861	501,980	784,014	282,034
Jan 06							**225,107**	187,588	205,712	191,163	201,799	197,824	1,209,193	1,350,642	141,449
Feb 06								**249,310**	238,209	234,863	238,369	231,909	1,192,660	1,246,550	53,890
Mar 06									**217,519**	174,168	187,804	184,530	764,021	870,076	106,055
Apr 06										**219,746**	213,278	211,528	644,552	659,238	14,686
May 06											**199,971**	173,092	373,063	399,942	26,879
Jun 06												**201,863**			
													10,195,110	**13,471,725**	**3,276,615**

PATIENTS	146	136	122	134	120	96	191	224	193	204	182	207

*Total number from each monthly review cohort remaining eligible for AND utilizing prescription drug benefits during the entire 12 month reporting period.

AVERAGE PER PATIENT

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**1,669**	1,674	1,491	1,400	1,500	1,550	1,052	896	902	861	901	897	14,793	20,031	5,237
Aug 05		**1,083**	954	922	925	1,001	553	437	574	490	553	476	7,966	11,909	3,943
Sep 05			**961**	851	872	907	544	514	537	479	507	464	6,636	9,612	2,976
Oct 05				**1,062**	932	966	573	535	569	492	564	508	6,199	9,555	3,356
Nov 05					**1,213**	1,037	567	510	490	496	468	438	5,218	9,701	4,482
Dec 05						**1,167**	658	671	688	630	741	676	5,229	8,167	2,938
Jan 06							**1,179**	982	1,077	1,001	1,057	1,036	6,331	7,071	741
Feb 06								**1,113**	1,063	1,048	1,064	1,035	5,324	5,565	241
Mar 06									**1,127**	902	973	956	3,959	4,508	550
Apr 06										**1,077**	1,045	1,037	3,160	3,232	72
May 06											**1,099**	951	2,050	2,197	148
Jun 06												**975**			
													66,865	**91,548**	**24,683**

TOTAL FOR ALL REVIEWED PATIENTS ELIGIBLE AND UTILIZING RX BENEFITS ENTIRE REPORTING PERIOD - 10% INCREASE IN COSTS ASSUMED

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**243,706**	244,395	217,653	204,470	219,039	226,326	153,572	130,789	131,688	125,725	131,515	130,922	2,159,800	3,192,549	1,032,749
Aug 05		**147,241**	129,686	125,350	125,854	136,084	75,152	59,476	78,080	66,592	75,169	64,740	1,083,424	1,766,892	683,468
Sep 05			**117,271**	103,861	106,394	110,614	66,362	62,724	65,510	58,401	61,880	56,574	809,591	1,278,254	468,663
Oct 05				**142,262**	124,860	129,406	76,751	71,670	76,200	65,883	75,565	68,044	830,641	1,394,168	563,527
Nov 05					**145,509**	124,483	68,080	61,174	58,805	59,486	56,136	52,512	626,185	1,265,928	639,743
Dec 05						**112,002**	63,126	64,399	66,015	60,458	71,119	64,861	501,980	851,215	349,235
Jan 06							**225,107**	187,588	205,712	191,163	201,799	197,824	1,209,193	1,463,196	254,003
Feb 06								**249,310**	238,209	234,863	238,369	231,909	1,192,660	1,346,274	153,614
Mar 06									**217,519**	174,168	187,804	184,530	764,021	935,332	171,311
Apr 06										**219,746**	213,278	211,528	644,552	703,187	58,635
May 06											**199,971**	173,092	373,063	419,939	46,876
Jun 06												**201,863**			
													10,195,110	**14,616,933**	**4,421,823**

PATIENTS	146	136	122	134	120	96	191	224	193	204	182	207

*Total number from each monthly review cohort remaining eligible for AND utilizing prescription drug benefits during the entire 12 month reporting period.

AVERAGE PER PATIENT

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**1,669**	1,674	1,491	1,400	1,500	1,550	1,052	896	902	861	901	897	14,793	21,867	7,074
Aug 05		**1,083**	954	922	925	1,001	553	437	574	490	553	476	7,966	12,992	5,026
Sep 05			**961**	851	872	907	544	514	537	479	507	464	6,636	10,477	3,841
Oct 05				**1,062**	932	966	573	535	569	492	564	508	6,199	10,404	4,205
Nov 05					**1,213**	1,037	567	510	490	496	468	438	5,218	10,549	5,331
Dec 05						**1,167**	658	671	688	630	741	676	5,229	8,867	3,638
Jan 06							**1,179**	982	1,077	1,001	1,057	1,036	6,331	7,661	1,330
Feb 06								**1,113**	1,063	1,048	1,064	1,035	5,324	6,010	686
Mar 06									**1,127**	902	973	956	3,959	4,846	888
Apr 06										**1,077**	1,045	1,037	3,160	3,447	287
May 06											**1,099**	951	2,050	2,307	258
Jun 06												**975**			
													66,865	**99,428**	**32,563**

TOTAL FOR ALL REVIEWED PATIENTS ELIGIBLE AND UTILIZING RX BENEFITS ENTIRE REPORTING PERIOD - 15% INCREASE IN COSTS ASSUMED

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**243,706**	244,395	217,653	204,470	219,039	226,326	153,572	130,789	131,688	125,725	131,515	130,922	2,159,800	3,326,587	1,166,787
Aug 05		**147,241**	129,686	125,350	125,854	136,084	75,152	59,476	78,080	66,592	75,169	64,740	1,083,424	1,840,513	757,089
Sep 05			**117,271**	103,861	106,394	110,614	66,362	62,724	65,510	58,401	61,880	56,574	809,591	1,331,026	521,435
Oct 05				**142,262**	124,860	129,406	76,751	71,670	76,200	65,883	75,565	68,044	830,641	1,451,072	620,431
Nov 05					**145,509**	124,483	68,080	61,174	58,805	59,486	56,136	52,512	626,185	1,316,856	690,671
Dec 05						**112,002**	63,126	64,399	66,015	60,458	71,119	64,861	501,980	884,816	382,836
Jan 06							**225,107**	187,588	205,712	191,163	201,799	197,824	1,209,193	1,519,472	310,279
Feb 06								**249,310**	238,209	234,863	238,369	231,909	1,192,660	1,396,136	203,476
Mar 06									**217,519**	174,168	187,804	184,530	764,021	967,960	203,939
Apr 06										**219,746**	213,278	211,528	644,552	725,162	80,610
May 06											**199,971**	173,092	373,063	429,938	56,875
Jun 06												**201,863**			
													10,195,110	**15,189,537**	**4,994,427**

PATIENTS	146	136	122	134	120	96	191	224	193	204	182	207

*Total number from each monthly review cohort remaining eligible for AND utilizing prescription drug benefits during the entire 12 month reporting period.

AVERAGE PER PATIENT

	Jul 05	Aug 05	Sep 05	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	TOTAL	PROJECTED	SAVINGS
Jul 05	**1,669**	1,674	1,491	1,400	1,500	1,550	1,052	896	902	861	901	897	14,793	22,785	7,992
Aug 05		**1,083**	954	922	925	1,001	553	437	574	490	553	476	7,966	13,533	5,567
Sep 05			**961**	851	872	907	544	514	537	479	507	464	6,636	10,910	4,274
Oct 05				**1,062**	932	966	573	535	569	492	564	508	6,199	10,829	4,630
Nov 05					**1,213**	1,037	567	510	490	496	468	438	5,218	10,974	5,756
Dec 05						**1,167**	658	671	688	630	741	676	5,229	9,217	3,988
Jan 06							**1,179**	982	1,077	1,001	1,057	1,036	6,331	7,955	1,624
Feb 06								**1,113**	1,063	1,048	1,064	1,035	5,324	6,233	908
Mar 06									**1,127**	902	973	956	3,959	5,015	1,057
Apr 06										**1,077**	1,045	1,037	3,160	3,555	395
May 06											**1,099**	951	2,050	2,362	312
Jun 06												**975**			
													66,865	**103,368**	**36,503**